

BUBBLING SPRINGS GROUP RESERVATION

Date OK	To Lake Dir:
nsurance	To Rec Dir:
Hold Harmless	Scan to Parks Supt

GROUP	RESERVATI	Hold Harmless Scan to Parks Supt		
NAME OF GROUP:		TODAY'S DATE:		
NAME OF PERSON REQUESTING:		GUEST FEES: CHECK WITH THE		
MAILING ADDRESS:		RECREATION OFFICE FOR CURRENT GUEST FEE RATES OR CALL 973-728-2860.		
PHONE #	CELL#	EMAIL		
DATE OF EVENT:		TIME REQUESTED:		
TYPE OF ACTIVITY:		# OF PEOPLE EXPECTED		
NON REFUNDABLE FEE RECEIVE	D	DATE		
MEMBERSHIP BADGE #	CUST. #	BATHROOM CODE:		
SPECIAL REQUESTS: Bathrooms (May – Sept)	Pavilion	Must bag and remove garbage September through May.		
☐ Gazebo	Other	<u> </u>		
PERMIT REQUEST FOR USE OF BUBBLING SPRINGS TOWNSHIP OF WEST MILFORD DEPARTMENT OF COMMUNITY SERVICES AND RECREATION				
PHONE PROCEDURE:	E: 973-728-2860	FAX: 973-728-5298		
1. Any group requesting the use of this facility will be required to fill out a permit and a hold harmless agreement. If the group is a civic group, a business organization, or if the group numbers 50 people and over, a certificate of insurance naming the Township of West Milford as the additionally insured must also be provided.				
2. A non-refundable maintenance fee of \$25 shall be charged for each group requiring the opening, closing and/or cleaning of Bubbling Springs when not in operation.				
\$30 administrative/user fee to the prior to date requested. This \$30	WEST MILFORD COM fee is in addition to Gu ts must pay guest fees.	ons, with groups 25 and over , must submit a non refundable MMUNITY SERVICES & RECREATION DEPARTMENT est Fees paid on the day of the event during hours of lake (Permit and maintenance fee not required). Arrangements		
4. The Recreation Department appr seven days before the proposed d		Applications for permits shall be submitted not later than		
5. A site inspection will be performend of the event. Damage and clear		irector or his/her designee for damage and cleanliness at the ssessed if necessary.		
		erred upon mutual agreement of the Community Services & fer to be made only in unusual circumstances.		
7. All groups are to observe Chapter 256 of the Township of West Milford regarding use of Township Recreation Areas. (A copy of this code is available at the clerks office or the Community Services and Recreation Office.)				

8. The consumption of alcoholic beverages is PROHIBITED!

9. YOU ARE IN BEAR COUNTRY! Black bears are part of the forest environment. Humans are visitors. Think

APPLICANT SIGNATURE.	DATE.
APPROVAL.	DATE
ALLINOVANO.	DAIL.

TOWNSHIP OF WEST MILFORD

Passaic County, New Jersey HOLD HARMLESS AGREEMENT

USE OF MUNICIPAL FACILITIES

Between the TOWNSHIP OF WEST MILFORD, with principal offices located at: 1480 Union Valley Road, West Milford, NJ 07480 And

Organization Name	
Street Address (Not Post Office Box)	·
Telephone Number	Contact Person
In consideration for use of municipally owned facilities at on the following date(s): the undersigned agrees to indemnify, defend and hold the the undersigned agrees to indemnify, defend and hold the the undersigned agrees to indemnify, defend and hold the the undersigned agrees to indemnify, defend and its office any and all liability, demands, claims, suits, losses, injuriarising out of the use of the above stated municipal proportion of the use of the above stated municipal proportions, demands, damages, judgements, expenses and guest, participant, visitor or other person attending the employed agreements.	les, agents, members, employees and assigns harmless from les, damages, judgements, expenses, costs and attorneys' fees perty for the purposes stated above. The rovides the Municipality be indemnified from any and all liability, costs of any kind resulting from the acts or omissions from any event herein referred to, unless waived in writing by the
I (we) agree to furnish a Certificate of Insurance evidence	sing Workers Compensation coverage (except for an individual) as odily Injury and Property Damage coverage with minimum limits
\$ 300,000. for an Individual \$ 500 \$ 1,000,000. for a Profit Making	,000. for Non-Profit Organization Organization or Corporation
The Certificate of Insurance shall also specifically name Liability coverage for the event listed above.	the Municipality as an additional insured with respect to General
It is further understood and agreed, the Municipality is no guests or participants. The following information concerning the intended use of the following informati	vided. ALLEATION S
Signed this day of	
of Name of Organization or Party	·
Authorized Signature	Witness
Print Name	Print Name
NOTE: No photocopied or facsimile copies of this signed original Agindividual shall be accepted. No exceptions and/or limitation	preement shall be accepted. Only the original Agreement signed by an authorized as to this Agreement will be accepted.

WM-HH-UOF Revised: 05/17